## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10010963

		CLAIMS AS	FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			29				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			29 minus 20=		* '9			X\$ 9=	81	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		* 2			X42=	84	OR	X84=	
MULTIPLE DEPENDENT CLAIM P			RESENT	-				+140=		OR	+280=	
* If the difference in column 1 is less than zero					r "0" in c	column 2	i	TOTAL	535	OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER THAN SMALL ENTITY	
(Column 1)			(Colur					SMALL ENTITY		OR	SMALL !	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total 🚕	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	<b>-</b> 0:	=		X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ı [	+140=		OR	+280=	
								TOTAL		OR	TOTAL	
			ADDIT. FEE		J ,	ADDIT. FEE						
		(Column 1)			mn 2) Hest	(Column 3)	1 .			1		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	7 0: 4:::	=		X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		_	ا مابا ۱۰۱۱ <i>د وی ب</i>		_							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	] ]	X42=		OR	X84=	
lacksquare	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						]			1		<u> </u>
_		mn 1 is less the	ha ant:!	.mn 0		olumn 2		+140=		OR	+280=	<u> </u>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nur	nher Previously P	id For" (Total o	r Indepen	dent) is the	e highest numbe	er foi	und in the ap	propriate bo	x in c	olumn 1.	